

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005341

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 64

FILED FEB 26 1962

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|------------------------------------|--|--|------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Benton Twn.</u> | | Length of stay in 1b <u>years</u> | | c. CITY OR TOWN <u>Kirksville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #3, Kirksville</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Route #3</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER GENTRY</u> | | | | 4. DATE OF DEATH Month Day Year <u>February 16 1962</u> | | | | | | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <u>Widowed</u> Divorced | | 8. DATE OF BIRTH <u>7/17/00</u> | | 9. AGE (last birthday) <u>61</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>delivery man</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>M. F. A.</u> | | 11. BIRTHPLACE (City and state or country) <u>Knox Co., Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY <u>U S</u> | | | |
| 13a. FATHER'S NAME <u>Joseph Gentry</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Viola James</u> | | | | 14. NAME OF husband OR WIFE <u>Maude Pinkston Gentry</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT Address <u>Maude Gentry, Kirksville, Mo.</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Embolism (probable)</u> DUE TO (c) <u>Unknown</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | | | | | |
| 21. I attended the deceased from <u>not at all</u> , to _____ and last saw <u>him</u> alive on _____ Death occurred at <u>4:50 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. V. E. Garner, D.O., Adair Co., Health Phy.</u> | | | | | | 22b. ADDRESS <u>Kirksville Mo.</u> | | | 22c. DATE SIGNED <u>2/20/62</u> | | | | |
| 23a. BURIAL <u>Burial</u> | | 23b. DATE <u>Feb. 18/62</u> | | 23c. NAME OF CEMETERY <u>Maple Hills</u> | | | 23d. LOCATION (City, town, or county) (State) <u>Kirksville, Adair, Mo.</u> | | | | | | |
| 24. FUNERAL DIRECTOR <u>Foster Memorial Home, Kirksville, Mo.</u> | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>2-20-1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Serv W. Ratliff</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1962

V. H. CASNER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mol

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.